



Biomedical Imaging Center
Beckman Institute for Advanced Science and Technology
University of Illinois at Urbana-Champaign

BIOMEDICAL IMAGING CENTER/ USER DATA RECORD

NAME: _____

CONTACT TELEPHONE: _____

CONTACT E-MAIL: _____

DEPARTMENT: _____

RESPONSIBLE FACULTY: _____ PROJECT NO. _____

DATE FORM COMPLETED: _____

(Office Use Only - Do not complete form below this line)

List of Forms completed and appropriate records to keep on file

- MRI MAGNET SAFETY FILM MUST BE VIEWED** (record on file)
- SAFETY SCREENING FORM COMPLETED** (original form kept on file)
- 3T PROCEDURE TRAINING** (original form kept on file)
 Trio
- USER MACHINE CERTIFICATION OF TRAINING AND CONTACT INFORMATION** (machine dependent - user must be trained, approved and authorized by proper B.I.C. staff member) (record kept on file)
 600MHz **Trio**
- WET LAB ACCESS REQUEST COMPLETED** (original form submitted)
- LAB ANIMAL CARE AND USE TRAINING MODULE COMPLETED**
(copy of certificate submitted)
 600MHz **Trio**
- KEY/KEYCARD REQUEST FORM** (B.I.C. administrative staff)

The above information and requirements have been filed. User is authorized use of the Center equipment as certification permits. User is authorized access to the Center for the purpose of experiments and research projects that are approved.